

# Foundations of Trauma Care for Biblical Counselors



by DARBY STRICKLAND

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Emily was sexually assaulted by her boyfriend. It was a brutal attack, and she was still bruised and in shock when I met her for the first time. Her friends wanted her to go to counseling. They understood the gravity of what happened to her and knew she would need support. But one look at Emily, and I knew she was not ready. She had a hard time sitting still. Her sentences were confusing. She showed no facial expressions as she spoke about the evil done to her. I could tell she could not focus on what I was saying. If I asked her to recall all the details and the horrors of that night to me, a virtual stranger, she'd likely leave my office unsettled. Perhaps she'd even feel assaulted by my questions.

What should I do with Emily in this first session? At that time, her most urgent need was to be oriented to her experience. So I said this, "The next few days and weeks might be challenging. It might be hard to sleep and to concentrate, and you might even have more pronounced physical symptoms of anxiety." She also needed to know one simple truth: it was not her fault. We cried together, and I asked if I might pray for her.

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Traumatized people like Emily are easy to wound further if we are not thoughtful as we engage with them. Their suffering is significant, and caring for them requires us to be intentional. The wounded need us to prepare them for what is ahead. We want to provide foundational care that addresses the overwhelming impacts of their trauma, seeks to stabilize them, and assists in building trust with us before we delve into the intimate details of their stories and struggles.

This article will explore what foundational care looks like for traumatized people. As we consider these essentials, Psalm 121 will guide our care for people as they ascend from a valley of pain and suffering. Careful planning to address the impacts of trauma requires a wealth of wisdom. So to begin, I will provide a definition of trauma and consider why our care of trauma victims needs to be carefully structured from the outset. I will then describe three foundational aspects of trauma-informed care along with illustrations and ideas you can adapt for your counseling.

### **What Is Trauma?**

Let's begin by looking at the experience of trauma, a brief history of trauma care, and current trends in the field. Then I will argue for how biblical counseling is strategically positioned to offer life-giving trauma care.

***The category of trauma.*** The word *trauma* refers to the emotional, spiritual, and physical disruptions that occur when a person is overwhelmed by extreme suffering. Their relationships with God and others are often significantly impacted because of what has happened. People use the word *traumatized* to describe a person severely impacted by a terrible event—such as rape, a natural disaster, or a car accident. An event rises to the level of a traumatic experience when it is sudden and unpredictable, involves a threat to life, or a profound violation of trust. The word *traumatized* also describes a person overwhelmed after a series of experiences—such as childhood abuse, war, or domestic violence.

With that description of trauma in mind, let me make a few clarifications about the experience. Not everyone who experiences a horrible event will be traumatized by it. And for those who do, some of them will have symptoms that resolve after a few weeks, while others will wrestle with long-term effects. Although symptoms of trauma often share

similarities, the response to individual events can vary widely. Therefore, we need to learn how an individual person has been affected. We want to know how a person—body and soul—has responded to and processed their experiences. That way, the care we provide will be attuned to their specific needs and reduce the probability that we will overwhelm them further.

***Origins of trauma-informed care.*** Understanding trauma and its impacts on people is a fairly recent development. In the 1860s, when Civil War veterans returned home showing signs of great emotional and physical stress, the literature of the day attributed their suffering to moral weaknesses and fatigue. This was an unkind and unhelpful interpretation. After World War I, there was a name for it (shell shock) but the moral assessment and lack of care remained. It wasn't until 1980, after the Vietnam War, that the American Psychiatric Association added what is now called posttraumatic stress disorder (PTSD) to their diagnostic manual (DSM–III).

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This action was part of a growing awareness that different types of devastating events—not just war-based trauma—could lead to impaired functioning. Over time, a growing body of research showed that trauma symptoms were present in people who experienced child abuse, rape, and other forms of interpersonal violence and abuse.

Connections were also made in the medical field. A significant correlation was found between people who experienced traumatic stress during childhood and adults who were exhibiting a significant health crisis.<sup>1</sup> Various other disciplines (e.g., substance abuse workers, child welfare agencies, teachers, Christian counselors, and mental health professionals) also began to notice both the short and long-term impact of trauma on individuals including depression, anxiety, trouble

1. V. J. Felitti et al., "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventative Medicine* 14:4 (1998): 245–58.

concentrating, disturbances in sleep, withdrawal from relationships, substance abuse, and flashbacks. Over time, as various professions came to understand how trauma presented in their context, more appropriate interventions were developed.

Here are two examples. Police have learned that when they interview sexual assault victims they need to go slowly, build rapport, and ask questions that do not cast blame on the victim. This approach fosters a traumatized victim's ability to recall details. "Can you tell me why

How should we think biblically about becoming trauma-informed?

you went with the suspect?" became "Can you describe what you were thinking and feeling when you went with the suspect?" These small changes in phrasing reflect a carefulness that does not shame the victim, and they also yield more helpful investigative information.

Schools have learned that trauma often curtails a student's ability to learn and, for some, negatively affects the student's behavior. Instead of exclusively focusing on discipline, they trained teachers to be supportive in their interactions and provide creative ways to address a child in distress. Seeing that there are complex issues at root expands a teacher's ability to offer strategic supports that provide affected students the opportunity to grow and overcome.

Many other disciplines have made additional important observations about the impact of trauma on people. As noted above, each field has contributed different interventions that seek to best support the population they work with. In light of this, there is a growing movement of individuals and community service organizations who desire their workers to become *trauma-informed*.

***What is trauma-informed care?*** At its core, the term trauma-informed care means familiarity with the signs and symptoms of trauma and understanding its vast impact on a person. Proponents of trauma-informed care believe that anyone who works with people directly, including teachers, social services, law enforcement, health care workers, counselors, and pastoral staff, should possess a basic understanding of trauma; otherwise, they might inadvertently do more harm than good (2 Peter 1:8).

As biblical counselors, how should we think biblically about becoming trauma-informed? When I first heard the term, I thought “Why would I want *trauma* to inform my care? I want *the Bible* to inform my care!” And rightly so! I wanted Scripture’s perspectives on human suffering, sin, and redemption to be the controlling lens by which I understand traumatic experiences. At the same time, I began to see tremendous value in reading widely to understand the impacts and effects of trauma on a person, confirming the very things I was noticing as I worked with people. This broader experience, in turn, helped me to think more biblically about how to offer help. As I encountered challenging counseling cases, I consulted secular literature which provided me with keen observations and descriptions that helped refine my initial conceptualizations of my counselees. The literature encapsulated key research and a wealth of case studies that helped me see the impacts of trauma that were not immediately apparent. The more I learned from studying traumatized people and trauma literature, the more I had to wrestle with the complexity of body–soul suffering. This pushed me back into Scripture to probe it more deeply to find more robust and biblical conceptualizations that would provide hopeful ways to minister to sufferers.

Knowing the person in front of us and the intricacies of their struggle prepares us to use our knowledge of Scripture in life-giving ways.

To be trauma-informed does not mean that we need to understand or agree with everything written about trauma in secular literature. For instance, while secular therapists are rightly concerned about people’s suffering, they do not view the person as an image bearer who lives, body and soul, before the living God. Because their anthropology is not accurate, their understanding of the problem—and its solution—will not point others toward the hope of the gospel. But being trauma-informed is beneficial in that it means we honor our call as counselors to be good stewards of the people God has placed in our care (1 Peter 4:10). Knowing the person in front of us and the intricacies of their struggle prepares us to use our knowledge of Scripture in life-giving ways.

Therefore, trauma-informed care need not be in opposition to our biblical counseling goals. Consider the goals of thoughtful and biblically-based pastoral care:

- knowing the person in front of us
- learning their story
- carefully mining the Scriptures to speak to their situation and condition
- acknowledging that we are embodied souls, and our bodies may need support as we suffer
- understanding that community plays a vital role in healing
- understanding that the human heart actively interprets the world and its experiences
- believing that God's people need to speak into one another's lives to foster growth
- imaging God's unique pursuit of each person so our care is not formulaic but highly personal
- addressing the many faith questions that arise in a season of suffering

Such foundational goals lead to wise care for the traumatized among us.

We want Scripture to be the controlling lens we use. We need to study Scripture widely and deeply in order to bring words that refresh a weary, troubled soul. We want to make case-specific, biblical applications for traumatized individuals. However, we need to be on guard against taking on a worldview that is centered around trauma. Though trauma is important to identify and understand, it cannot be the sole lens by which we approach or understand a suffering person. Our doctrine of man, God, salvation, and sanctification must be robust and remain in view as we learn more about trauma. Our beliefs also lead us to the kind of humility that seeks wisdom. For example, we consider: What do I need to learn, understand, and know about the experience of trauma before I care for this tender soul? How has the person in front of me been impacted by trauma? And how does Scripture speak to their heart and situation? To proceed in counseling in such ways is to be both trauma-informed and biblical.

Let's now look at some of the unique challenges of caring for those who have endured trauma. An awareness of these challenges helps us to provide wise care.

### Unique Challenges in Trauma Care

Oftentimes, a traumatic event can be easy to see while its impact on the victim is less visible. Trauma can greatly impact their ability to engage with you. Here are four common challenges.

1. *Victims of trauma often struggle to remain in the present moment.* The impacts of trauma are so great that there is often a disruption in the normally integrated functions of memory, emotions, conscious awareness, perception, attention, and motor control. This is a complex phenomenon that is not usually voluntary. Because the emotions and memories of a traumatic event can be so distressing, survivors may “disconnect” as a way of distancing themselves from them. In the trauma literature, this is described as “dissociation.” As a result, a counselee might be physically present but not engaged in the present moment.

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For example, a counselee who was involved in a horrific machine accident seemed like he was able to follow the conversation we were having, but he was thinking about something entirely different. He was not even aware that he had stopped listening, and it was not easy for me to pick up on it. When I am counseling victims, I need to be attuned to their affect and engagement. Are my counselee's eyes tracking with me? Are they truly present in the conversation? You will want to discern the person's capacity in front of you, checking in on them to see if they are actually engaging with you.

2. *Our attempts to instill hope often add pain instead of lifting it.* When we see great suffering, we want to provide hope and make the pain go away. These are good impulses (Gal 6:2). Scripture does call us to tend to the needy, vulnerable, and weak (Matt 25:40). But our desire to help sometimes propels us toward people with words that fail to see what a

wounded heart needs first and foremost: *compassion and understanding*. Too often we speak truths that people are not ready to hear. Jennifer's heart was crushed after she lost two children in a car accident. But a few short weeks after the loss, members of her church small group sent her "notes of encouragement" filled with Bible verses about how her suffering would be redeemed. It was not as if those verses were untrue or inapplicable. But they were so poorly timed. Jennifer needed to hear words of compassion and comfort, not words that sought to correct her grief or instruct her on what she must believe about this tragedy. This added burden of making her suffering "purposeful" overwhelmed her. We must be careful that our words speak the right truths in the right season (Prov 15:23). We must persist with a person in their season of darkness and lament *before* we seek to shape their response to suffering.

3. *Remembering and speaking about trauma causes distress*. Speaking about the traumatic event might seem like an obvious place to start. But, as with the rape victim I spoke of earlier, if we ask someone to talk in detail about their trauma too early in the process, it may unsettle them and they might resort to unhelpful, harmful, or even sinful ways of responding. For example, when Sam began talking about the specifics of his sexual abuse, his panic attacks became more frequent. He started having night terrors, and he began to misuse his prescription sleep medication as a way to sleep soundly.

Bob, who had worked to avoid his memories, began to drink heavily in an attempt to drown out the memories his counselor asked him to describe. In counseling, Susan realized that her parents knew about her childhood sexual abuse but deliberately chose *not* to protect her so that her abusive uncle and the family would not be shamed. This dissolved her trust in her support system, and she fled her family and church before new supports were in place, leaving her vulnerable to homelessness and poverty.

These examples highlight how we must safeguard a counselee's response to the stress that processing trauma causes before we go deeper.

4. *Compassionate trauma care is excruciatingly slow*. When you work with a trauma victim, everything feels urgent. There are so many needs that feel like they should be addressed immediately, but resist that urge. Slow down. Build a relationship with the person that will help



you identify their most pressing needs. We all know where we want a wounded heart to ultimately land, just like Jennifer’s friends did with their notes, but we must be attuned to the needs of the person, both short-term and long-term. There are usually no shortcuts, quick truths, or miracle prayers. Instead, it looks more like helping a person climb out of a valley one tiny step at a time.

These four challenges help us appreciate how careful we must be as we begin to care for a person who has endured trauma. Let’s turn now to Psalm 121. It is helpful to think of trauma care as prepping for and being a guide on a long, challenging journey.

### **Up from the Valley**

God draws his people up mountains to worship. He brought Moses up Mount Sinai more than once. And on the same mountain where he asked Abraham to sacrifice Isaac, he built Jerusalem as his dwelling place. No matter what direction his people came from, they had to “go up” to worship at his temple. The psalms of ascent (120–34) were sung on those journeys that were often filled with hardships and fear. No trip would have been more perilous than traveling from the Jordan Valley, which was several thousand feet below Jerusalem. Walking through the twists and turns of the dry, rocky terrain, the pilgrims might encounter bandits or wild animals. It was a hazard-filled and unpredictable journey.

As the Israelites traveled, they probably wondered how they would make it through each uncertain and fear-filled day. The movement out of the valleys and toward the temple celebration is a helpful metaphor for thinking about how the Lord cares for people who suffer—and how we can provide care for them. The psalms of ascent seek to remind us that God will provide for the challenges we face. The Israelites rehearsed words of faith along their journey to reassure them of the Lord’s protection, guidance, and blessing.

Take the opening verses of Psalm 121.

I lift my eyes toward the mountains.

Where will my help come from?

My help comes from the LORD, the Maker of heaven and earth.

He will not allow your foot to slip;  
 your Protector will not slumber. (v.1–3)

There are two realities to note in these verses. The first is that sojourners see the mountains ahead and know immediately they need help. It is a long uphill journey over rough terrain. Second, the psalmist wonders “Who can help me?” But then quickly asserts, “I know...the Lord is my helper.” This gives both the counselee and the helper the freedom

When you work with a trauma victim, everything feels urgent. Slow down. Build a relationship.

to ask the Lord for help and to confess feeling overwhelmed and doubtful about the path ahead. Thankfully, he will help both the afflicted and the guide. God is ultimately the one who will guide the counselee to the temple mount, where their worship of him will be restored.

These are glorious truths that we can count on as we walk with trauma survivors up and out of the valley. Hold tight to these ascent psalms. We will continually need to find strength, steadiness, and confidence from the Maker of heaven and earth.

Let’s turn now to the three foundations of trauma care.

Successful wilderness guides carefully prepare before they even take one step onto the trail. They are familiar not only with the path they are traveling but also the people they are guiding. They know the potential dangers, where to find provisions and rest, and also the strengths and weaknesses of those who are depending upon them.

Our initial work with trauma survivors should be similar. We need to know what the usual challenges are on the journey, and how to prepare each person for what is ahead. This means we start with the three foundations of trauma care:

1. discover the scope of the trauma and its impacts,
2. assess and establish safety and stability, and
3. build trust as their guide.

These are not steps per se, but ground to cover in the early days of counseling *before* delving into deeper issues. Be prepared that it might take weeks or months to address these three areas.

We will now discuss each of these foundations in detail.

## Discover the Scope of the Trauma and Its Impacts

At the onset of caring for a traumatized person, you are looking to understand the basics of the person's experience: what happened and how it has impacted them. In the beginning, ask only enough questions to understand the broad strokes of the trauma. You are looking for the "CliffsNotes" version of their story. Details of their suffering may come later. But to love them well at this stage, focus first on establishing or starting the three foundations of care. Seek to gain a basic overview of the type of trauma a person endured (e.g., a violent crime, childhood trauma or sexual abuse, death of family members or friends, severe illness or injury, a disaster such as a fire/tornado/flood, or a combination of many factors, which is called *complex trauma*).<sup>2</sup> Reassure them that they only need to share what they are comfortable with at this point. Don't press for details. If possible, try to identify the duration of experiences and if the stressors are still present. For instance, are they still in contact or residing with an abuser?

Helpers need a basic knowledge of trauma and the many ways it impacts a person.<sup>3</sup> Because trauma is a form of extreme suffering, I find the book of Job helpful with this. The impacts of his suffering help us understand that the effects of trauma are significant—but also expected. They are not a sign of unbelief but rather point out what an overwhelmed body and soul sound like.

***Job's suffering as a guide.*** Hear how Job laments the anguish of losing his family, possessions, and health. The following categories also give you subjects to ask your counselees about.

***Physical anguish.*** Job's suffering is visceral. He has trouble eating. "I refuse to touch it; such food makes me ill" (Job 6:7). And he has trouble

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2. Complex trauma occurs from exposure to multiple traumatic events that tend to be severe, long-term, invasive, and interpersonal in nature. The complexity comes from the nature of multiple sources and longer duration of harm. Violence, abuse, and neglect are common sources of complex trauma. Children are most vulnerable to complex trauma.

3. Edward T. Welch and Darby Strickland, "Trauma: Bearing the Unbearable" Regional Conference Audio (2019), <https://www.ccef.org/shop/product/trauma-bearing-the-unbearable-digital-download/>. See also Diane Langberg, *Suffering and the Heart of God: How Trauma Destroys and Christ Restores* (Greensboro, NC: New Growth Press, 2015) and Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Books, 2014).

sleeping. “When I lie down I say, ‘When shall I arise?’ But the night is long, and I am full of tossing till the dawn” (7:4).

*Shame.* Job’s friends labeled him an ungodly hypocrite, leaving him full of shame and confusion. He faced reproach and dejection at the hands of his friends. “If I am guilty, woe to me! If I am in the right, I cannot lift up my head, for I am filled with disgrace and look on my affliction” (10:15).

*Faith questions.* Job’s suffering led him to believe that God had rejected him. “How long will you not look away from me, nor leave me alone till I swallow my spit?” (7:19). He cannot fathom how God’s justice squares with his circumstances. He does not know how to make it right with God.

“If I sin, what do I do to you, you watcher of mankind?  
 Why have you made me your mark?  
 Why have I become a burden to you?  
 Why do you not pardon my transgression and take away  
 my iniquity?” (7:20–21)

*Hypervigilance.* After losing so much, he fears what tragedy may come next. “For the thing that I fear comes upon me, and what I dread befalls me. I am not at ease, nor am I quiet; I have no rest, but trouble comes” (3:25–26).

*Intrusive thoughts and emotions.* Even when Job seeks rest, his mind fills with frightful thoughts and terrifying flashbacks. “For the arrows of the Almighty are in me; my spirit drinks their poison; the terrors of God are arrayed against me” (6:4). “When I say, ‘My bed will comfort me, my couch will ease my complaint,’ then you scare me with dreams and terrify me with visions, so that I would choose strangling and death rather than my bones” (7:13–15).

*Avoidance.* Although Job never refuses to talk about his pain, we do see his desire to die and escape life. This is the ultimate form of avoidance. “Oh that I might have my request, and that God would fulfill my hope, that it would please God to crush me, that he would let loose his hand and cut me off!” (6:8–9). “For now I shall lie in the earth; you will seek me, but I shall not be” (7:21).

*Overwhelming emotions.* Job’s tears are constant. “My face is red with weeping, and on my eyelids is deep darkness” (16:16). Deep lament

streams uncontrollably from him, “For my sighing comes instead of my bread, and my groanings are poured out like water” (3:24). His agony is loud, deep, and abundant.

This small collection of verses from the book of Job paints a vivid picture of the impacts of deep suffering.

***Work to understand the scope of the trauma and its impacts.*** Like Job, many sufferers are plagued with symptoms of their suffering. Panic attacks, flashbacks, overwhelming fear, or an inability to concentrate are common. Emily struggled to sleep and eat, feared she would self-harm, and avoided people. Sometimes the level of distress propels someone to reveal how deeply they are affected, even at this early stage. Emily was fearful she would begin cutting and was quick to share that detail with me. However, other people might not directly report what they are experiencing. This can be due to shame, uncertainty about trusting you, or their own inability to grasp how deeply they have been harmed. With prompting, I was able to uncover that Emily was also overexercising and having episodes of uncontrollable crying.

Luke came for counseling as a victim of an armed robbery at the business he owned. He was shot during the holdup, but he needed to return to work to maintain his livelihood. I was caught off guard and unprepared for what I was hearing. He felt helpless, stuck, and vulnerable. Unfortunately, I was more interested in understanding what had happened than identifying his needs, and my questions reflected that. It still grieves me that trauma victims like Luke have to wade through our ignorance and failures that are often driven more by our curiosity about the event rather than our genuine care for them. Thankfully, he was gracious enough to hang in there with my counseling, and I eventually got to what he needed because he led me there. He needed me to understand *the impact* the event had on him emotionally, spiritually, and physically. Early on, I should have focused on questions like:

- How has this event impacted your daily functioning? Your sleep?
- What do you sense its impact has been on you?
- What symptoms do you find intolerable to live with?
- Do you want to tell me more about what happened?
- Where would you like to start?

- Can you tell me what you fear as you think about returning to work?
- Do you have someone who is supporting you well?
- If so, what has been helpful? If not, what has been hard about how others are caring for you?
- How has your body responded to this trauma?
- How has this event impacted your faith?

These questions are a gentle way to start learning more about a victim. They help us focus on the concerns of the sufferer. In our care for counselees, it is imperative to be alert to the full scope of someone's suffering by asking broader questions to check on how they are currently doing.

*The challenges of assessing someone's trauma.* This step in the process can be a difficult one. Perhaps, as you speak with someone, you quickly recognize that you do not possess the skills and experience needed to fully assess their trauma. Even so, you can still be of great comfort and provide initial steps of care. If you are a pastor or friend, help connect the sufferer to a counselor who can formally assess how the person is responding. If the person is currently in danger, is there a role you can play to get them to safety? You can also validate the severity of their suffering by affirming the impact of what happened and pointing out the need for wise, prolonged care.

It's also easy to make mistakes. In the initial stage of care, a common mistake is to reduce a person's heart responses to the categories we are most familiar with. For instance, we might see a person filled with fear and label it as a sinful failure to trust God. Or perhaps we observe someone who is overcome with grief, but their withdrawal from life looks like laziness to us. Or we might wrongly assume that a sexual assault victim is wrestling with shame, because so many do, and miss that they are in denial of the event's impact. We must embrace the complexity of their suffering and the duration of time it takes a sufferer to work through it.

We will re-wound people if we fail to make room for trauma's complexity. For instance, Luke's church elder told him if he wanted to restore inner peace, he needed to trust God more and forgive the man who shot him. But those were not the two truths that he needed at the start of his journey. At that moment, such advice felt condemning and impossible to follow.

Job's friends certainly made mistakes. Job faithfully expressed his anguish, but his friends harshly judged his responses to extreme suffering and were wrong (Job 42:7–8). We do not want to be like them and question a sufferer's faith. Instead, we must recognize it is not a sin to be in agony. These are normal responses to tragedy. We should not over-spiritualize expressions of anguish. Rather, we should be willing to enter into these hard places with tenderness as we seek to point people to the Lord's heart for them. We will understandably want to offer hope and help no matter our role. But we must remember there is no quick fix to trauma. There are no simple truths that make everything instantly better. Sharing about intense suffering and bringing evil into the light takes tremendous courage (Deut 31:6; Ps 27:14, 31:24; Eph 5:11).

In sum, at the onset of counseling, you pursue two matters: the basic contours of the trauma, and its impacts on the person's body, emotions, relationships with others, and spiritual health.

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### **Assess and Establish Safety and Stability**

After obtaining the short version of the story, the second crucial foundation of trauma-informed care is to ask questions to assess the counselee's safety and stability. An awareness of their current situation and the ways they are responding to distress will help you prepare them for the hard work ahead. Expect that as trauma victims begin to share and process their stories of suffering, they will most likely face instability that can last moments or days. We do not want to start people on a hazardous journey they are not yet prepared to handle.

As a counselee began to remember more details about the night of the fire, his head filled with people's cries for help. He needed help addressing the intrusive memories of people screaming. Some victims retreat after sharing intimate details of their suffering. They feel overexposed and uncomfortable. It can feel like it is happening all over again. This is how it felt for Susan after she shared about her sexual abuse when she was eight years old. She needed to have the counseling relationship

further established and more trust built with her counselor before sharing that. She was too uncomfortable to return to counseling.

While there is no way to anticipate every possible reaction, we can avoid some common pitfalls that await trauma victims as they try to move forward. The categories below will help you think about assessing for safety and establishing stability for the individual you are working with.

***Assess if their environment is safe.*** Is the person removed from the harmful situation? For instance, many victims of domestic abuse

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still share a bed with the person violating them. Those who remain in a dangerous situation while addressing their trauma find it nearly impossible to heal because they are simultaneously subjected to ongoing abuse.

If a trauma victim lives in an unsafe environment, and they choose to remain (assuming they are an adult), think carefully about how to address their trauma. The more they come to understand the ways that they are being sinned against, the more their level of distress will rise. Sometimes their reactions are not carefully thought out and become problematic.

Katie was thirty-three and still living with her parents. They were spiritually abusive, and she was just coming to terms with how cruel and controlling they had been. But as she became aware of their manipulations, she wanted to engage them, pointing out how they were more dominating than loving. This came from a place of love; she wanted to preserve the relationship. However, this led her parents to double down. They would berate her and forbid her to see her friends. There were so many new words of guilt, condemnation, and fear to unpack that it nearly derailed her healing process. She became riddled with unbearable anxiety. It would have been wiser for Katie to have a place to go if the confrontation did not go well. Or perhaps she should have delayed the confrontation until she had more economic stability (even if that took months). There was ample evidence to suggest that her parents were going to escalate things when confronted.



Complications like these increase when a victim is seeking to address domestic violence and they have children in the home. Take great care to help them think through the safety of themselves and their children.<sup>4</sup>

***Tend to the person's injuries.*** If you are among the first helpers to come to a victim's assistance, do not assume their physical injuries have been addressed, especially if there has been a sexual assault. Be sure to ask if they need medical attention, or if they need your support to pursue it. Help them brainstorm the name of a friend who might accompany them to a doctor or help them set up an appointment; or help them draft a brief statement of what happened or what needs attention that they can share with their doctor so they do not have to tell the whole story.

***Work toward physiological stability.*** Great care is needed at the outset to attend to a victim's ongoing physical distress. People are embodied souls, and care should stabilize the body before we lean into their inner distress. Does this person sleep normally, have trouble eating, or experience symptoms of anxiety or depression? If so, are there medical interventions to help with symptom alleviation? Are there lifestyle changes to employ?

If you start your journey with this person long after the initial trauma, check for chronic physical issues that may need to be addressed. Have they developed harmful ways of managing distress that work against their healing process (such as substance use)? Are they engaged in dangerous behaviors (such as driving too fast or sexual promiscuity)? Are they wrestling with suicidal ideation?

***Determine relational stability.*** Due to the nature of trauma, many victims are isolated from other people. Avoidance is common. It is natural for people to isolate themselves in order to avoid interacting with current or past pain. And if the trauma stems from abuse, it will dramatically impact their relationships since it was likely perpetrated by someone in their family or church.

Find out if your counselee has a support system. Could any current relationships be a potential detriment to their healing process? Do

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4. Domestic violence experts can help you plan for the safety of the victim and their children. My book can also help you assess and plan for safety. See Darby Strickland, *Is It Abuse? A Biblical Guide to Identifying Domestic Abuse and Helping Victims* (Phillipsburg, NJ: P&R Publishing, 2020).

they know someone spiritually wise who can support them with prayer (James 5:16)? If they have healthy relationships, help the counselee think creatively about utilizing these relationships (Eccl 4:10). Not everyone will know how to assist them with their trauma, but some will be great prayer warriors, and others might simply have a ministry of presence and be companions for things like walks, meals, or enjoying a movie.

Also, learn whose voices influence them (Prov 13:20). Are they walking with wise companions or with fools? Victims are often pressured or persuaded by others to adopt an unhelpful narrative to explain what happened to them. For example, one of Emily's friends kept telling her that if she had only broken up with her boyfriend after their last argument, she would not have been assaulted by him. Emily felt paralyzing guilt even though she did nothing wrong.

In sum, trauma work often involves lifting shame, guilt, and restoring trust, so it is helpful to assess the person's relational landscape early.

***Assess spiritual stability.*** Trauma often impacts the sufferer's relationship with the Lord. Almost all victims wrestle with questions like these,

- "How could the Lord let this happen to me?" (Ps 44:9)
- "Does he see my anguish?" (Ps 44:24)
- "I have been faithful so why is this happening to me?" (Ps 44:17–19)
- "Will the Lord help me?" (Ps 44:23)

Some victims, like Emily, make unbiblical connections about what happened. Emily believed God used this traumatic event as a form of punishment because he was displeased that she had recently cut off communication with her father. These ways of thinking make it hard for the victim to see the Lord's pursuit and care of them. The psalmists pose similar questions. As we progress, we should help our counselees use the psalms to express their anguish to God. But in these early stages of counseling, the goal is to simply gain an awareness of how a sufferer's faith has been impacted.

The impacts on a person's faith are not always negative. I'm often left in awe when a sufferer testifies to the Lord's care of them through trials (Rom 5:3–5). Don't assume. Be reassuring and gentle as you ascertain

how a person is doing spiritually. Find out if they can pray, attend church, read their Bible, enjoy worship music, or go to a small group. Expect there to be challenges here and heed the words of Jude to “have mercy on those who doubt” (v.22) as you learn about any struggles. Listen attentively for ways victims talk about the Lord and give them permission to share their questions (Ps 34:18). Invite them to speak about any promises or passages in Scripture that bring them hope or leave them feeling condemned. Before you engage too deeply in spiritual matters with trauma victims, you need to know how their relationship with God has been impacted.

***Screen for self-harm and suicide risk.*** Some trauma victims deliberately injure themselves. The most common type of self-harm is cutting, but it can take other forms: burning, scratching, carving words into the skin, hitting oneself, banging one’s head against a hard surface, piercing the skin, picking at wounds, and pulling one’s hair.

There are a variety of reasons that people self-harm: helping them process their negative feelings, serving as a distraction or as a way to punish themselves, developing a false sense of control, eliciting pain when they feel numb, or expressing emotions that they are embarrassed to show.

Before you engage too deeply in spiritual matters with trauma victims, you need to know how their relationship with God has been impacted.

As we’ve discussed, we need to be mindful that counseling stirs up painful memories for victims. One childhood sexual abuse victim, Cathy, struggled with flashbacks of her abuse after our sessions, but she kept it to herself. When asked about flashbacks she would minimize their frequency and paralyzing impact on her. In time, I learned that she would burn herself in the shower to numb the pain that surfaced with her memories after counseling. Be sure to ask what it is like for the person after their appointments with you.

Sometimes the pain of trauma leaves a person feeling so hopeless that the only way they can imagine getting through the pain is by dying. On some level, this makes sense. It is understandable that they see their death as the only escape from what currently feels so intense. However,

thoughts of death can escalate to actual plans for how to die, so ask the person if they are wrestling with thoughts about suicide.<sup>5</sup>

Again, it is important to develop new strategies to handle the distress *before* asking trauma victims to engage deeply in counseling. Otherwise, any harmful behaviors might be intensified. Work with your counselee to create a plan so they are ready to handle their distress as the counseling process unfolds.

***Establish a plan of response.*** Trauma victims are usually somewhere on the spectrum of unsafe and unstable in several of these areas until they are well into their healing journey. In your early days with them, brainstorm ways for them to respond so that when difficulties surface they have strategies to endure them well. God invites us to “Be still, and know that I am God” (Ps 46:10), which is an invitation to orient ourselves to him. This will take time and requires intentional pursuit but should help to quiet distressing thoughts. Sometimes we need practical helps to slow down inner thoughts, such as journaling, praying with a friend, or engaging our mind in another task like reading a book or going for a walk.<sup>6</sup>

In regard to physical symptoms like sleeplessness, panic attacks, and the inability to eat, identify practical ways your counselees can calm themselves, release stress, restore sleep, distract themselves appropriately, manage their pain, fight against the temptation to self-harm, and gain strength for the journey ahead.<sup>7</sup> Those whose relationship with God is intact will be able to lean into prayer; their faith and Scripture will help them. For others, you will initially rely more on practical helps with the goal of stabilizing them so that they are able to engage with God and

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5. For guidance on suicide assessment, see Aaron Sironi and Michael R. Emlet, “Evaluating a Person with Suicidal Desires,” *Journal of Biblical Counseling* 26:2 (2012): 33–41. Another helpful resource is: <https://zerosuicide.edc.org/toolkit/identify/screening-options>.

6. For a biblical and practical resource to help sufferers address their intrusive thoughts, see Esther Smith, *A Still and Quiet Mind: Twelve Strategies for Changing Unwanted Thoughts* (Phillipsburg, NJ: P&R Publishing, 2022).

7. For an example of addressing bodily symptoms in biblical counseling, see Todd Stryd, “‘Take a Deep Breath’—How Counseling Ministry Addresses the Body,” *Journal of Biblical Counseling* 32:3 (2018): 62–74.

his Word. Praying for your counselee's physical relief is a wonderful way they can learn to seek God's care for them.

Even if your counselee is not currently responding in destructive ways, be proactive to address any intrusive thoughts and emotions. Help them identify God as their impermeable refuge, and eventually direct their thoughts to him. This will bear fruit in the body as well. While not all counselees need a concrete plan, I have included a sample plan at the end of this article so that you can help counselees prepare one for themselves.

How you address safety and stability will significantly impact how a sufferer walks through the healing process. So as counseling progresses, or as new layers of suffering are exposed, circle back and reassess how they are doing in any areas you noted might be hard for them, and revise their written plan as needed.

### **Build Trust as Their Guide**

The third foundation of trauma care is to build trust between you and the counselee. If you are unable to do this, counseling *will* fall apart. As previously noted, trauma diminishes a person's ability to sustain relationships with God and others. In the case of sexual abuse, the ability to trust is shattered because the victim usually knew and trusted the abuser. In situations involving a horrific event like terrorism or a combat experience, a person might wrestle with God's care for them, and his purposes for their life. Any of these experiences will also affect their ability to relate to you, even though you are trying to help.

Therefore, plan for building trust with your counselee as part of the counseling process. They are inviting you into some of the most vulnerable parts of their being. If you are counseling in a formal setting, you often start your relationship as strangers, so it is good to go slow. But even if it is church-based and you know them, you will still have to build depth in your relationship. They will need to trust your counsel, care, and suggestions as their guide if they are to heal.

What makes a trustworthy guide for a perilous journey? Let me start with a personal story. Our family once went on an afternoon walk to climb a waterfall. My children scurried right up. But I was terrified. All I could do was think about what would happen if I slipped and fell back onto the rocks below. A good friend was with me who knew both me and

the waterfall. She knew that my knees had issues and that my left side was weaker than my right because of a car accident. She also knew the waterfall because she had climbed it dozens of times before. Trembling and verbally protesting as I started, my friend gave clear directions, “Darby, you are going to put your right hand on that hold and bring up your left knee to that wider shelf.” She was meticulously kind in her directions. She factored

Even as you help a trauma victim find relief from their suffering, your primary goal is always to restore them to full worship

in my weaknesses as she determined and detailed the safest route. Trusting her care of me, I focused on each next step and made it to the top. I was willing to take risks climbing the waterfall because I trusted her ability to keep me safe, even when I felt vulnerable. This experience reminded me of the promise in Psalm 121 that God will not let my foot slip (v.3). I am thankful that he is a good, trustworthy, and ultimate guide.

How can we likewise be a trustworthy guide in counseling? To be a trustworthy trauma guide you need to:

- be prepared for the journey ahead,
- strive to be humble and godly, and
- know the counselee well so you can mold the counseling process to their needs.

Let’s be more specific.

***Be prepared for the journey ahead.*** As we have already discussed, to be an effective helper (a trustworthy guide) you need to know how trauma affects a person emotionally, spiritually, and physically. You need to be aware of how it disorganizes someone’s inner world, challenges their relationship with God, and strains and stresses the body. A trustworthy guide knows how to navigate the terrain for the journey ahead because they have learned about these impacts ahead of time and are ready to accurately apply what they have learned to the particular person they are caring for.

*A trustworthy guide understands that trauma healing is not linear, so they are ready to pivot as needed.* So while you are intentional with where you are going, you must also be willing to respond to new or tangential

issues as they arise and flex when you meet new challenges. For example, a trauma victim might struggle with relational anxiety but then it suddenly intensifies and becomes physically debilitating. You will need to adjust your goals to address the current, pressing need. Or maybe your counselee's struggle with low-grade anxiety has lasted for years. In addition to accessing the fullness of Scripture and considering how it speaks to an anxious heart in fresh ways, you will need to try different approaches. You must never tire of learning how to reach the anxious heart or developing your own counseling skills.

*A good guide knows they might not be able to address everything that arises and seeks to consult with others.* Working in trauma means learning about the benefits, weaknesses, and dangers of interventions other than biblical counseling.<sup>8</sup> For referrals, be sure to research and find a trusted psychiatrist who can assess the need for medication. Become familiar with other types of trauma interventions so you can speak wisely about them. A few of my counsees tried EMDR and it significantly helped some with their reoccurring traumatic memories.<sup>9</sup> For others, it yielded mixed or no results. But in order to interact wisely with my counsees about EMDR, I had to first learn about it.<sup>10</sup> A good guide understands other treatments and enlists their help when appropriate.

*Good guides know where they are headed.* They do not lose focus on the long-term goal of helping their counselee flourish in their love for God and others. This is the ultimate endpoint of the foundational, initial steps in the journey this article highlights. Even as you help a trauma victim find relief from their suffering, your primary goal is always to

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8. Edward T. Welch, "Trauma and the Body: An Introduction to Three Books," *Journal of Biblical Counseling* 33:2 (2019): 61–83.

9. EMDR stands for Eye Movement Desensitization and Reprocessing therapy. It is a psychotherapy that seeks to reduce the intensity and emotions associated with traumatic memories. It uses bilateral eye movements when focusing on a traumatic memory. For more information, see <https://www.emdr.com/what-is-emdr/>.

10. The Biblical Counseling Coalition released a statement on EMDR that is a great starting place to learn how some in the biblical counseling world think about it. It is important to note that some biblical counselors would make stronger statements cautioning against EMDR while others are more open to it. I do not wish to enter that debate here. I simply want to offer a starting place to learn about it: <https://www.biblicalcounselingcoalition.org/2021/12/16/bcc-statement-on-emdr/>.

restore them to full worship, to be in a place where they are engaged day by day to live out the greatest commandment, “You shall love the Lord your God with all your heart and with all your soul and with all your mind” (Matt 22:37). You want them to trust and believe that they are loved, embraced, and protected by the Lord (Rom 8:35, 37–39). That they are created for community (Gen 2:18; Rom 12:4–5). And that their gifts and service give God glory (1 Peter 4:10–11). This goal will not be fully realized until glory, but the wounds of the traumatized should cause you to see their small steps up the steep terrain as heroic. Commitment to knowing where you are headed will set all your trajectories toward the Lord and impact how you counsel on the way.

***Strive to be a humble and godly guide.*** A godly guide prepares as well as possible but trusts the Lord for the results. The key elements of this trust are humility and hope.

***Humility.*** As a counselor, you will be stretched and, at times, overwhelmed by the suffering you are hearing about, and you might wonder: “Am I doing everything I can? Is God at work? This all seems so slow. Can I really help this person heal?” I have had many moments of doubt in counseling these complex cases. God has helped me by making it abundantly clear that I am limited, but he is not. I can entrust my counselee to his care of them. This means I can depend upon him for what is ahead (Ps 34:17; Isa 40:31). I need to pray and depend on his guidance for my counseling and counselee. Without the Lord, we can do nothing (John 15:5). But Christ sent his helper, the Holy Spirit, to empower us (John 16:7). There are no easy solutions to trauma, but there is a God we can trust trauma with.

A good guide also remains a humble learner. If you were not already aware of the complexities of caring for a trauma victim, this article has highlighted just how much you need to consider. If you want to be helpful, you will need to stay current about trauma, its impacts, and what good trauma care looks like; you will want to study the Scriptures avidly to gain insight and guide your approach.

But there is more to it than just acquiring information and counseling skills. The person you are working with is created in the image of God. Jesus’ love and care for his people is characterized by humility. He does not stand over his people but reaches out his hand tenderly, coming



to the aid of the sick and broken (Matt 8:3, 14:14; Mark 1:31, 41). To do the same, we must put on the character of Christ. The attributes of kindness, humility, meekness, and patience are essential characteristics of both a trustworthy guide and a wise biblical counselor (Col 3:12).

*Hope.* It is in Christ that you and your counselee will find hope. But it is easy to get discouraged on a hard journey, and much of the current trauma literature doesn't increase our hope. Recently, I read that the areas of the brain implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. Traumatic stress can be associated with *lasting changes* in these brain areas [emphasis mine].<sup>11</sup> This is hard to read, and hard to be hopeful about. But no matter what wound trauma leaves on a person's brain or elsewhere, a simple truth remains: Jesus and his redemptive work always have the most significant shaping influence on a person's life. While this does not mean all the impacts of trauma will be resolved, we can be hopeful amid trauma. Trauma does not have to be the most significant influence on a person's life. Even if it changes the brain, the most important factor in a sufferer's story will always be Jesus.

Having hope means asking how they might live dependent upon Jesus, *even while* plagued with anxiety or other aftereffects of the trauma.

You will at times be tempted to doubt this. You might think the trauma is too severe, or that this person's faith will never flourish. But having hope means asking how they might live dependent upon Jesus, *even while* plagued with anxiety or other aftereffects of the trauma (Matt 11:28). While we explore how Jesus is reshaping them, even if it's at an excruciatingly slow rate, we still believe and we lean into hope. Hope for what God can do changes our trajectory and our counsel (James 1:2–4, 12; 1 Peter 5:10; 2 Peter 1:3–4).

***Know the counselee well and mold your counseling process to their needs.*** My friend was a trustworthy guide at the waterfall because she was able to calm *my* particular fears and take into account *my* particular

11. J. D. Bremner, "Traumatic stress: Effects on the brain," *Dialogues in Clinical Neuroscience* 8:4 (2022), 445–61, <https://doi.org/10.31887/DCNS.2006.8.4/jbremner>.

vulnerabilities. It is critical to seek to know and understand your counselee along many dimensions before you ask them to do tough things in counseling. You must keep in mind that they are not a mere fellow traveler but someone who depends upon your guidance. This is an enormous responsibility. God has entrusted them to you, and unlike other counsees, they are particularly vulnerable and sensitive to your words and assessments.

So you must seek to know the specific contours of a particular person. I had to learn how to love a tender and broken soul as I sat with them in the sacred spaces of their lives. I have been tempted to listen

Trust is a rare commodity for someone who has been traumatized. Treasure it.

just long enough to a victim to bring them words to help them “get over” what happened—but not long enough to be a true help to them. I had to learn to *slow down* and let things unfold at their pace. Then, and only then, am I equipped to help them move forward with assistance that is specific to their needs.

All of this requires your patience and perseverance. Trauma victims’ presentations of themselves can often be misleading. They tend to be highly compliant in the moment. For example, if they have had relational trauma, they might not understand that they can ask you questions or push back against your counsel without it harming your relationship. They might fear disagreeing with you because historically they have been punished for doing so in their key relationships. So they may comply just to get through the conversation, and you must discern if that is the case. Understandably, trauma victims want the distress to end and they might try to move quickly through an uncomfortable conversation. Are you skilled at tender redirection for the times when they need to slow down or refocus?

Remember, you also need to keep in mind that trauma victims struggle to remain present. Do you know how to evaluate if someone is disassociating or having a flashback in the present moment?<sup>12</sup> Once you

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12. OptimistMinds, “Signs of dissociation in therapy sessions,” OptimistMinds (blog), February 2, 2022, <https://optimistminds.com/signs-of-dissociation-in-therapy-sessions/>.

learn some telltale signs, get to know your counselee in such a way that you can tell if they are truly engaged. Then locate strategies with them to address their dissociation.

Finally, have you thought about how to care for this person holistically? Think of different modalities that bring comfort to your counselee and be willing to flex as you learn more about their needs. Some of my counselees snuggle up under a blanket on the couch in my office or hold a warm cup of tea. A colleague has a therapy dog in her sessions. One survivor of sexual abuse would sketch while we talked. Another preferred that we spoke on a walk to move her whole body. Consider different ways to provide comfort during counseling.

Trauma victims will most likely be wrestling with the question, “Who can I trust?” If you are able to be the kind of guide described above, your counselee will likely trust you. Trust is a rare commodity for someone who has been traumatized. Treasure it.

### **Jesus: The Most Trustworthy Guide**

In this article, I have outlined the foundational aspects of trauma care. We’ve seen that the impacts of trauma are vast, requiring our care to be comprehensive. While there is much to consider, it remains true that the most important thing we do is to emulate our Lord and Savior. Our counsel depends upon and points to the perfect guide. He is gentle, humble, and walks at the pace the hurting person needs. He guides us, as we guide them. A good guide follows him. He knows the way.

Ultimately, he is the One who leads people out of their wilderness valleys. We may be his hands and feet, but it is Jesus whose ascent out of the valley of death provides a secure pathway for us to follow. His journey makes ours possible. The promise found in Psalm 121:7–8, “The LORD will keep you from all evil; he will keep your life. The LORD will keep your going out and your coming in from this time forth and forevermore,” takes on a new meaning in Jesus. It is not that we are immune to evil, but we can trust we will not be consumed by it. He is the great shepherd of Israel whose protection, guidance, and blessing move his people to the ultimate place of safety.

On the following pages, I have included a set of questions that can be used to help a trauma victim prepare to handle times of greater stress. First, we have the questions answered by Emily who we met earlier in the article. After that, there is a blank form that you can use with your counselees.

### **A Plan for Finding Refuge in Moments of Distress—Emily**

When I was working with Emily, we brainstormed together ways for her to wisely manage her distress. While I wanted her to have insight, early on in counseling I needed to help her make connections and lead her as we worked on this together. The goal was to help her locate constructive places of refuge that promoted healing and helped stabilize her so that she was better able to connect to the Lord in times of distress. Emily's answers are in italics. The comments in the boxes are explanations of what I am trying to achieve.

I can tell I am in distress when:

1. *I have not slept more than three hours*
2. *I cry when driving to work*
3. *I don't answer phone calls from good friends*

What are warning signs that I might employ a poor strategy to manage my distress (thoughts, emotions, situations, behaviors)?

1. *Look up ways to cut myself online*
2. *Fixate on how no one will ever want to marry me after this*
3. *Begin to restrict what I am eating*
4. *Exercise for too long and it starts to hurt*

You will likely have to help the counselee make these connections, but try to help them to recognize their warning signs.

Here are three ways I can change my thoughts?

1. *Listen to my favorite podcast*
2. *Work on my knitting project*
3. *Ask God to change my thoughts*

While these are good strategies for Emily to employ, it also allowed me to learn about her as a person. She is more than her trauma.

What are some ways I can seek to comfort my body when it is reacting?

1. *Employ breathing exercises*
2. *Go for a long walk*
3. *Lay down and think about what it is like to be at the beach*

You will want this list to help address the ways your counselee's body is responding. Emily was having panic attacks.

Who can I call or text to help me reset my focus?

1. *Sarah*
2. *My brother*

Where can I go to place my attention on something else? (a social setting)

1. *Go to a craft store*
2. *Grab a coffee at the bookstore*

Who are people that I can call, who I believe I can wisely entrust my heart to?

1. *My mom*
2. *Julie*
3. *Susan from my small group*

This prompts a great conversation about who your counselee can trust with certain details of their story. If you have concerns about someone they mention based on what they have already shared, it is wise to gently mention this to them.

What are things I need to change about my environment to keep me safe?

1. *Remove objects that I think about cutting myself with*
2. *Take photographs of my friends' weddings off my desk*
3. *Write a Bible verse on my bathroom mirror*

Emily's best friend struggled with cutting, and Emily feared she would start cutting after the assault. Seeing pictures of happy couples fed into her fears that she would not find someone who could love her after this. These responses also help with future counseling goals.

What are life-giving ways I can find comfort that I can practice now?

1. *Keep a journal of how I see God helping me*
2. *Do gentle exercise every day*
3. *Make a plan for my week so I am not home alone every night*

We had to talk about the particulars here as I had concerns about how she was using exercise as a way to bring pain to herself.

Bible verses that bring me comfort:

1. *Psalm 118*
2. *Ephesians 1:3–8*

It is important to see if the counselee can generate their own verses or even a phrase from Scripture.

How can I ask God to help me?

1. *Help me to fall asleep and stay asleep through the night*
2. *Give me courage to talk about what happened*

Notice that we are asking God for help with the small steps.

If the intensity continues to rise I will:

1. *Email my counselor*
2. *Ask a friend to sleep over so I do not have to be alone*

If I thought someone might self-harm or wrestle with suicidal ideation, I would add in one or more of the following:

1. Call 911
2. Who can I contact during a crisis:  
A. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
B. Name \_\_\_\_\_  
Phone \_\_\_\_\_
3. A local urgent care service:  
\_\_\_\_\_
4. Call the Suicide and Crisis Lifeline: 988

### **A Plan for Finding Refuge in Moments of Distress—Sample**

(Choose which questions to ask based on your counselee's needs.)

I can tell I am in distress when:

- 1.
- 2.
- 3.

What are the warning signs that I might resort to a poor strategy to manage distressing thoughts, emotions, or situations?

- 1.
- 2.
- 3.

Here are three ways I can change my thoughts:

- 1.
- 2.
- 3.

What are ways I can seek to comfort my body when it is reacting?

- 1.
- 2.
- 3.

Who can I call or text to help me reset my focus?

- 1.
- 2.
- 3.

Where can I go to place my attention on something else (a social setting)?

- 1.
- 2.
- 3.

What do I need to change about my environment to keep me safe?

- 1.
- 2.
- 3.

What are life-giving ways I can find comfort that I can practice now?

- 1.
- 2.
- 3.

Bible verses that bring me comfort:

- 1.
- 2.
- 3.

How can I ask God to help me?

- 1.
- 2.
- 3.

If the intensity continues to rise I will:

- 1.
- 2.

*God is our refuge and strength, a very present help in trouble.  
Therefore we will not fear though the earth gives way,  
though the mountains be moved into the heart of the sea,  
though its waters roar and foam,  
though the mountains tremble at its swelling.*

PSALM 46:1-3



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